

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007335

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156Primary Registration District No. 200Registrar's No. 93

FILED FEB 21 1963

## 1. PLACE OF DEATH

a. COUNTY Jasper2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JoplinLength of stay in: 30 yrsc. CITY OR TOWN Joplin Inside Limits Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 130 Maiden LaneInside Limits Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 130 Maiden Lane Reside on Farm Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First HENRYETTA

Middle

Last SELF4. DATE OF DEATH Month February Day 13 Year 19635. SEX Female6. COLOR OR RACE White7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐8. DATE OF BIRTH 7-28-18869. AGE (last birthday) 76

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Houston, Texas

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Danielson

## 13b. MOTHER'S MAIDEN NAME

Clara Werlin

## 14. NAME OF HUSBAND OR WIFE

James F. Self

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

NoNone

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Herself by prearrangement

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial InfarctionINTERVAL BETWEEN ONSET AND DEATH 3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease3 plus yrs.

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-11-60 to 1-16-63 and last saw her alive on 1-16-63  
Death occurred at 5:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Missouri

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-16-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park Cem.

## 23d. LOCATION (City, town, or county)

Joplin, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-18-1963

## 26. REGISTRAR'S SIGNATURE

Dove Morrison

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by David Dillon, Jr., Student Embalmer No. 679  
working under my personal supervision.

Student

David Dillon, Jr.  
Signature of Student Embalmer

Signed

David Dillon

Licensed Embalmer No.

3898

P. O. Address

Jeppin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.